

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

00-00-0005

2. STATE:

Indiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 0

b. FFY 2001 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.16-A, pages 1b-4b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.16-A, pages 1b-2b

10. SUBJECT OF AMENDMENT:

Interagency agreement for administration of Vocational Rehab Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Kathleen D. Gifford

13. TYPED NAME:

Kathleen D. Gifford

14. TITLE:

Assistant Secretary, Medicaid Policy & Planning

15. DATE SUBMITTED:

16. RETURN TO:

Kathleen D. Gifford, Asst. Secretary
Office of Medicaid Policy & Planning
402 West Washington Street, Rm W382
Indianapolis, IN 46204

ATTN: Tracy Brunner, State Plan Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

8/8/00

18. DATE APPROVED:

October 17, 2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7-1-00

20. SIGNATURE OF REGIONAL OFFICIAL:

Minnie Hood-Grepper, Acting

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator
Division of Medicaid and Insurance Oversight

23. REMARKS:

RECEIVED

AUG 08 2000

DMO - HANSON

MEMORANDUM OF UNDERSTANDING
BETWEEN THE OFFICE OF MEDICAID POLICY AND PLANNING
AND
THE DIVISION OF DISABILITY, AGING, AND REHABILITATIVE SERVICES

I. PURPOSE

This Memorandum of Understanding is entered into by the Office of Medicaid Policy and Planning (hereinafter "Office") and the Division of Disability, Aging, and Rehabilitative Services (hereinafter "Division") in order to define the administrative and fiscal responsibility of the respective agencies in the Division's administration of the Indiana Vocation Rehabilitation Services.

II. AUTHORITY

This Memorandum is written in accordance with and pursuant to IC 12-15 et seq., IC 12-10-1 et seq.; 12-12-1 et seq.; 29 U.S.C. § 701; 29 U.S.C. § 721 and 42 U.S.C. § 1396a et seq.

III. PROGRAM RESPONSIBILITY

Both the Office and the Division recognize the responsibilities imposed upon the Office as the Single State Medicaid Agency and the importance of ensuring that the Office retain the authority to discharge its responsibilities in providing health benefits coverage under the Indiana State Medicaid Plan. Simultaneously, both the Office and the Division recognize that the Division is responsible for planning, establishing and operating programs, facilities and services relating to vocational rehabilitation. Consequently, the Office and the Division agree to the following division of responsibilities.

IV. RESPONSIBILITIES OF THE OFFICE

The Office shall:

- A. Pursuant to IC 12-8-6-3, administer Medicaid as the designated single state agency.
- B. Pursuant to IC 12-8-6-4, develop and coordinate Medicaid policy for the State of Indiana.
- C. Pay claims made under Medicaid.
- D. Draft and maintain the State Medicaid Plan for the medical assistance program.
- E. Pursuant to IC 12-15-1-2, IC 12-15-1-4, and other applicable federal regulations, coordinate with state agencies and private contractors involved in the provision of Medicaid services.
- F. Pursuant to IC 12-15-1-10, adopt rules and standards affecting services, programs and providers of medical services for recipients of Medicaid.
- G. Respond to inquiries from interested parties that relate to areas under OMPP's administrative control.

- H. Develop and maintain the appropriate Medicaid policy guidelines for the county offices of the Division of Family and Children and a manual for the medical provider community.
- I. Accept Medicaid eligibility determinations made by the Division of Family and Children through its county offices.
- J. Educate and inform providers about the proper billing procedures.
- K. Be responsible for the fiscal and quality accountability and audits for services made under Medicaid.
- L. Process provider claims for Medicaid payment and issue payment to providers in accordance with Medicaid procedures.
- M. Process requests for prior authorization for services requiring prior authorization in accordance with state regulations.
- N. The Office shall provide reimbursement for any necessary medical service covered by the Indiana Medicaid Program when an eligible customer of the Indiana Vocational Rehabilitation Services is dually eligible for Medicaid services.

V. RESPONSIBILITIES OF THE DIVISION

- A. Pursuant to IC 12-9-1-3 and 12-12-1-1, establish the rehabilitation services bureau within the division.
- B. Pursuant to IC 12-12-1-2, organize the rehabilitation services bureau to include the unit of vocational rehabilitation, referred to as Indiana Vocational Rehabilitation Services.
- C. Pursuant to IC 12-9-2-3(a)(6), adopt rules necessary to carry out the functions of the Division.
- D. Pursuant to IC 12-9-2-3(a)(7), establish and implement the policies and procedures necessary to carry out the functions of the Division.
- E. Pursuant to IC 12-12-1-3(1), through the rehabilitation services bureau, plan, establish and operate programs, facilities and services relating to vocational rehabilitation.
- F. Pursuant to IC 12-12-1-3(2), through the rehabilitation services bureau, design all necessary state plans for rehabilitation services required for receipt and disbursement of any money available to the state from the federal government.
- G. Pursuant to IC 12-12-1-5, through the rehabilitation services bureau, provide job placement services and increase employment opportunities for persons with disabilities by encouraging and authorizing direct job placement into any job that is chosen by the vocational rehabilitation client.
- H. Maintain the sole responsibility for determining the eligibility of all vocational rehabilitation applicants for vocational rehabilitation services.
- I. Through Indiana Vocational Rehabilitation Services, provide vocational rehabilitation services to eligible persons consistent with the Division's mission, state plan, and current program guidelines.
- J. Through Indiana Vocational Rehabilitation Services, coordinate with the vocational rehabilitation customer and other professionals to determine what vocational rehabilitation services are required and the manner of service provision.

TN # 00-005

Supersedes
TN # 82-004

Approval Date _____

Effective Date 7/1/00

- K. Through Indiana Vocational Rehabilitation Services, coordinate appropriate vocation rehabilitation case-management services, including, pursuant to 29 U.S.C. § 721(A)(1), referrals to the Division of Family and Children's county offices for eligibility determinations for services available through that agency, including Medicaid services.
- L. The Indiana Vocational Rehabilitation Services will be responsible for working directly with the Division of Family and Children caseworkers in order to share information, coordinate planning and services as appropriate in order to prevent duplication of services and to maximize the benefits received by mutual recipients/customers.
- M. Pursuant to 29 U.S.C. § 721(A)(i) and 29 U.S.C. § 721(B)(i), the Indiana Vocational Rehabilitation Services will not be held financially responsible for services and benefits to an eligible individual when it is determined that comparable services and benefits are available to the individual under the Indiana Medicaid Program, unless such a determination would interrupt or delay the process of the individual toward achieving the employment outcome identified in the individualized plan for employment, or an immediate job placement, or the provision of such services at any individual at extreme medical risk and seek reimbursement from the Office in accordance with Section VI.

VI. MUTUAL RESPONSIBILITIES

- A. The Office and the Division will coordinate reimbursing the Division for any payment of Medicaid covered services directly by the Division when the Division is required to pay to Medicaid providers in advance of payment to the providers by the Office as follows:
 - 1. Pursuant to the EDS Provider Manual, Section 2-23, payments for covered Medicaid services made by the Indiana Vocational Rehabilitation Services to a provider shall be refunded in full by the provider.
 - 2. The Medicaid provider must then bill the Office for reimbursement of the Medicaid covered service.
 - 3. The Office and the Division will develop procedures for verifying vocational rehabilitation customers' eligibility status as Medicaid recipients in order to facilitate reimbursement of payments made by the Indiana Vocational Rehabilitation Services to Medicaid providers.

VII. COMMUNICATION AND INTRAAGENCY DISPUTES

- A. To ensure that issues arising under this Memorandum are resolved expeditiously, the Office and the Division shall designate a liaison. The liaison shall coordinate execution of the functions and responsibilities encompassed in this Memorandum.
- B. The liaisons of the Office and the Division shall attempt to resolve all disagreements. If a disagreement is not resolved by the liaisons, a formal meeting between the Office and Division's administrative staff may be requested by either party.

VIII. MODIFICATION

This Memorandum may be modified at any time by a written modification mutually agreed upon by both the Office and the Division.

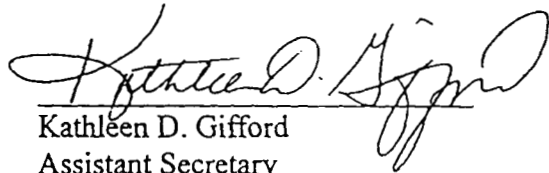
IX. TERMINATION

This Memorandum may be terminated at any time with the mutual consent of both the Office and the Division.

X. SIGNATURES

This Memorandum is signed and entered into on the date indicated below.

For the Office:



Kathleen D. Gifford
Assistant Secretary
Office of Medicaid Policy and Planning

Date: 6/29/2000

For the Division:



Alex Braitman
Acting Director
Division of Disability, Aging and
Rehabilitative Services

Date: 6/30/00